

**Request for Critical Care Observation**

School \_\_\_\_\_ Faculty \_\_\_\_\_  
 Date Submitted \_\_\_\_\_ Course Title \_\_\_\_\_  
 Instructor Phone/E-Mail \_\_\_\_\_

Clinical students are welcome to have a critical care observation in one of the ICU's in Beaumont Hospital - Royal Oak. This form must be completed in full and e-mailed to the coordinator at least **three weeks** prior to the requested experience date. Observation is limited in number of students and time on units dependent on the situation in the ICUs and may change requiring student experiences to be rearranged.

*\*Save this form to your desktop, fill in required fields, save the form, attach in e-mail and send to:*

**All columns must be completed in order to accommodate the request.**

Dawn Long  
 248-551-6420  
[Nursingstudents@beaumont.org](mailto:Nursingstudents@beaumont.org)

**Objectives for observation in Critical Care:**

Student Name	Date Requested	Time Requested	Unit Requested	Unit Assigned <i>(Completed by CNS)</i>	Preceptor <i>(Completed by CNS)</i>